

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/05/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → NY

NYR000072694

INSTALLATION NAME →

FREINDS OF CROWN HEIGHTS

INSTALLATION ADDRESS

36 FORD ST BROOKLYN, NY 11213

MAILING ADDRESS →

36 FORD ST BROOKLYN, NY 11213

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2 290 BROADWAY, 22<sup>nd</sup> Floor NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: MARINO, ANTHONY
MEMBER OF LLC
36 FORD ST
BROOKLYN, NY 11213

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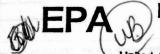
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To avoid delays in processing, please complete all sections
Only original signature of the Generator is acceptable.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Please print or type with ELITE



## Notification of Regulated Waste Activity

Date Received (For Official Use Or

United States Environmental Protection Agency Program L Installation's EPA ID Number (Mark X' in the appropriate box) C. Installation's EPA ID Number B. Subsequent Notification A. First Notification (Complete item C) Il. Name of Installation (Include company and specific site name) I G.HH III. Location of Installation Requires Building Number Street Street (Continued) City of Town State Zip Code 1/2/3 County Name IV. Installation Mailing Address Street or P.O. Box City or Town State Zip Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) (First) Job Title Phone Number (Area Code and Number) VL Installation Contact Address A. Contract Address B. Street or P.O. Box Location Mailing Other City or Town State **Zip Code** VII. Ownership A. Name of Installation's Legal Owner Street, P.O. Box, of Route Number City or Town State Zip Code GE NIY Y Phone Number (Area Code and Number) lange of Uv Month Day.

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl. New York, NY 10007-1866. Tel; (212) 637 4106

address Ventred US Post office - Gr

ID - For Official Use Only

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VIIL Type of Regulated Waste Activity (Mark X' in the appropriate boxes; Refer	to instructions)
A. Hazardous Waste Activity	B. Used Oil Recycling Activities
1. Generator (See instructions)  a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only b. For commercial purposes  Mode of Transportation  1. Air 2. Rail 3. Treater, Storer, Disposer (a installation) Note: A permit required for this activity; se instructions.  Hazardous Waste Fuel a. Generator Marketing to E b. Other Marketers c. Boiler and/or Industrial F 1. Smelter Deferral 2. Small Quantity Exent Indicate Type of Combustion Device(s)  3. Highway 4. Water 5. Other - specify  IX. Description of Hazardous Wastes (Use additional sheets if necessary)	1. Used Oil Fuel Marketer is
A. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes correspondent formal statement of the statement of th	onding to the characteristics of nonlisted
	waste number(s) for the Toxicity characteristic contaminant(
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need	d to list more than 12 waste codes.)
1 2 3 4 DOOB   1   1   1   1   1   1   1   1   1	5 6 11 12 12 12 11 12 12 11 11 11 12 12 11 11
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number	, See instructions.)
1 2 3 4	5 6
I certification  I certific under penalty of law that this document and all attachments were prepared under my direct assure that qualified personnel property gather and evaluate the information submitted. Based on me those persons directly responsible for gathering the information, the information submitted is, to the I am aware that there are significant penalties for submitting false information, including the possible for gathering the information including the possible for submitting false information.	ly inquiry or the person or persons who manage the system.
Signature ORIGINAL GENERATOR Name and Official Title (Type or pi	
anthony marino Anthony Marino, W	
XI. Comments	
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Note: Mail completed form to the appropriate EPA Regional or State Office. (See Se	ection III of the booklet for addresses.)
PA Form 8700-12 (Rev. 11-30-98) Previous edition is obsolete.	